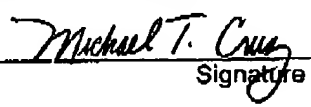


<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b>  <b>OCT 04 2004</b>		<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) <b>15258US07</b>
In re the Application of <b>Ahmadreza Rofougaran</b>		Application Number <b>09/699,040</b>		Filed <b>October 27, 2000</b>
		For <b>Adaptive Radio Transceiver with Offset PLL with Subsampling Mixers</b>		
		Group Art Unit <b>2682</b>		Examiner <b>Marceau Milord</b>
		This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and appropriate non-small-entity fee are as follows (check time period desired):		
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))		\$ <b>110.00</b>		
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))		\$ _____		
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))		\$ _____		
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))		\$ _____		
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))		\$ _____		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown above is reduced by one-half, and the resulting fee is: \$ _____.				
<input type="checkbox"/> A check in the amount of the fee is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <b>13-0017</b> . I have enclosed a duplicate copy of this sheet.				
I am the <input type="checkbox"/> applicant/inventor				
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <b>44,636</b>				
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____				
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>				
<b>October 4, 2004</b> Date		 Signature		
<b>(312) 775-8084</b> Telephone Number		<b>Michael T. Cruz</b> Typed or printed name		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
<input checked="" type="checkbox"/> Total of <u>1</u> form is submitted.				